

# State Employee Health Plan

## Retiree and Direct Bill Members

Open Enrollment Period is  
October 16 - November 15, 2016  
Elections are effective January 1, 2017

# Contact Information

## State of Kansas Health Plan Vendors Web Site

[www.kdheks.gov/hcf/sehp/Vendors.htm](http://www.kdheks.gov/hcf/sehp/Vendors.htm)

### Aetna

Customer Service Plan A and Plan C  
Behavioral Health (MHNet)

### Aetna Part D Medicare Drug Plan

Specialty Mail Order

[www.aetnastateofkansas.com](http://www.aetnastateofkansas.com)

All Areas (Toll Free): 866-851-0754  
All Areas (Toll Free): 866-851-0754  
All Areas (Toll Free): 844-233-1939  
All Areas (Toll Free): 866-308-7548

### Blue Cross and Blue Shield of Kansas

Customer Service Plan A and Plan C

Kansas Senior Plan C

New Directions - **Behavioral Health**

New Directions - **Autism**

[www.bcbsks.com/CustomerService/Members/State/](http://www.bcbsks.com/CustomerService/Members/State/)

All Areas (Toll Free) 800-332-0307  
Topeka: 785-291-4185  
All Areas (Toll Free): 800-332-0307  
Topeka: 785-291-4185  
All Areas (Toll Free) 800-952-5906  
Topeka: 785-233-1165  
All Areas (Toll Free) 877-563-9347 Option 3

### Caremark

Customer Service

Caremark Connect Specialty Pharmacy

[www.caremark.com](http://www.caremark.com)

All Areas (Toll Free): 800-294-6324  
TDD (Toll Free): 800-863-5488  
All Areas (Toll Free): 800-237-2767

### Coventry Advantra PPO

Coventry Advantra **Freedom** PPO

Coventry Advantra **Liberty** PPO

Behavioral Health (MHNet)

[www.coventry-medicare.com](http://www.coventry-medicare.com)

All Areas (Toll Free): 855-322-7558  
  
All Areas (Toll Free): 866-607-5970  
TTY: 866--200-3269

### Delta Dental of Kansas, Inc.

Customer Service

[www.deltadentalks.com/](http://www.deltadentalks.com/)

All Areas (Toll Free): 800-234-3375  
Wichita: 316-264-4511

### Direct Bill Membership Call Center

State Employee Health Benefits Plan - For Enrollment,  
Qualifying Event, Report a Death, Address Changes

[www.kdheks.gov/hcf/sehp/directbill.htm](http://www.kdheks.gov/hcf/sehp/directbill.htm)

All Areas (Toll Free): 866-541-7100  
Topeka: 785-296-1715

### KPERS

Kansas Public Employee Retirement Systems

All Areas (Toll Free): 888-275-5737  
Topeka: 785-296-6166

### Preferred Lab Benefit Program

#### • Quest Diagnostics Lab Card Program

Customer Service  
Collection Site Listings

[www.labcard.com](http://www.labcard.com)

All Areas (Toll Free): 800-646-7788  
[www.labcard.com/collection.html](http://www.labcard.com/collection.html)

#### • Stormont-Vail Regional Lab Program

Customer Service  
Benefit Information and Collection Site Listings

[www.stormontvail.org/stateemployeeslab.html](http://www.stormontvail.org/stateemployeeslab.html)

All Areas (Toll Free): 800-637-4716  
Topeka: 785-354-1150

### Senior Health Insurance Counseling for Kansas (SHICK)

[www.kdads.ks.gov/SHICK/shick\\_index.html](http://www.kdads.ks.gov/SHICK/shick_index.html)

All Areas (Toll Free) 800-860-5260

### State Employee Health Plan- Billing

All Areas (Toll Free) 866-541-7100  
Topeka: 785-296-6280

### Surency Vision

Customer Service - Billing

[www.surency.com/stateofkansas](http://www.surency.com/stateofkansas)

All Areas (Toll Free): 866-818-8805  
Wichita: 316-462-3316

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Take advantage of the information available online 24/7 on our Open Enrollment Website. View all 2017 Open Enrollment plan options, including the Provider Directories, benefit descriptions and detailed information on all State Employee Health Plan programs and options available at: **[www.kdheks.gov/hcf/sehp/directbill.htm](http://www.kdheks.gov/hcf/sehp/directbill.htm)**

*The information in this booklet is intended to summarize the benefits offered in language that is clear and easy to understand. Every effort has been made to ensure that this information is accurate. It is not intended to replace the legal plan document (Benefit Description), which contains the complete provisions of a program. In case of any discrepancy between this booklet and the legal plan document, the legal plan document will govern in all cases. You may review the legal plan document upon request or go to the page for your vendor on our website - **[www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)***

# 2017 Retiree/Direct Bill Open Enrollment Meeting Schedule

## **EMPORIA**

**Tuesday, October 25**  
10:00 a.m.

**Flint Hills Technical College**  
3301 W. 18th Avenue

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## **HAYS**

**Wednesday, October 26**  
9:00 a.m. and 1:00 p.m.

**Kansas Highway Patrol**  
Basement Conference Room  
1812 Frontier Road

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## **HUTCHINSON**

**Thursday, October 27**  
12:30 p.m.

**KDOT Area Office District 5**  
1220 W. 4th Street

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## **LAWRENCE**

**Thursday, October 27**  
9:30 a.m. and 1:30 p.m.

**4-H County Fairgrounds**  
Building 21  
2101 Harper Building

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## **MANHATTAN**

**Friday, October 21**  
9:30 a.m. and 1:30 p.m.

**Fairgrounds - Cico Park**  
Konza Room - Pottorf Hall  
1710 Avery Drive

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## **OSAWATOMIE**

**Wednesday, October 19**  
9:30 a.m. and 12:30 p.m.

**Osawatomie State Hospital**  
Sunflower Room  
Highway 169-South  
500 State Hospital Drive

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## **OVERLAND PARK**

**Thursday, October 20**  
9:30 a.m. and 1:30 p.m.

**Children and Family Services**  
Sunflower East Room  
8915 Lenexa

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## **PITTSBURG**

**Thursday, October 20**  
9:00 a.m. and 1:00 p.m.

**Homer Cole Community Center**  
Conference Room  
3003 N. Joplin

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## **SALINA**

**Tuesday, October 25**  
9:00 a.m. and 1:00 p.m.

**KSU-Salina College Center**  
Conference Room  
2310 Centennial Road

**TOPEKA****Wednesday, October 19**

9:30 a.m. and 1:30 p.m.

**Monday, October 24**

9:30 a.m. and 1:30 p.m.

**Wednesday, October 26**

9:30 a.m. and 1:00 p.m.

**Topeka and Shawnee  
County Public Library**

Marvin Auditorium

Rooms A, B &amp; C

1515 W 10th Street

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**WICHITA****Friday, October 28**

9:00 a.m. and 1:00 p.m.

**Holiday Inn Select**

North Ballroom

549 S. Rock Road

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**RETIREE/DIRECT BILL ONLINE OPEN ENROLLMENT WEBINARS*****Registration details will be posted online at [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)***

Friday	October 14, 2016	1:00 p.m.
Tuesday	October 18, 2016	9:00 a.m. and 1:00 p.m.
Tuesday	November 1, 2016	9:00 a.m. and 1:00 p.m.
Wednesday	November 3, 2016	1:00 p.m.
Thursday	November 10, 2016	1:00 p.m.
Monday	November 14, 2016	10:30 a.m.

# Highlights for Plan Year 2017

## WHAT'S CHANGING

### Non-Medicare Options

#### PLANS

There are two (2) Plans to choose from - Plan A or Plan C, High Deductible Health Plan (HDHP).

#### MEDICAL VENDORS

There are two (2) Medical Vendors to choose from - *Aetna* and *Blue Cross and Blue Shield of Kansas*.

#### PLAN A

##### **Office visit Copays are increasing by \$10:**

- Primary Care Provider - \$40
- Specialist - \$60

##### **A three (3) tiered Deductible will now apply.**

**Network Deductibles** are \$1,000 Employee only, \$2,000 for Employee & 1, and \$3,000 for Employee & 2 or more.

**Non Network Deductibles** are \$1,200 Employee only, \$2,400 for Employee & 1 and \$3,600 for Employee & 2 or more.

##### **Combined pharmacy and medical Network Out Of Pocket (OOP) maximums are:**

- Single: \$5,750
- Family: \$11,500

##### **Caremark Pharmacy Tiers will now be:**

- Generic - 20% Coinsurance (no change)
- Preferred Brand Name - 40% Coinsurance
- Non Preferred Brand Name - 65% Coinsurance
- Special Case Medication - 40% to a maximum of \$100/30 day supply
- Anti Cancer Oral Medications - 20% Coinsurance to a maximum of \$100/30 day supply
- Discount Tier Medications - 100% Coinsurance the same as Plan Year 2016

##### **Chronic Care Benefit**

- Generics - 10% to a maximum of \$20 per 30 day supply
- Preferred Brands - 20% to a maximum of \$40 per 30 day supply

##### **Compound Medications now must be filled at Network pharmacies only.**

- 90 day supplies of most drugs available on Plans A and C

### PLAN C HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

**Network Deductibles are \$2,750 Single and \$5,500 Family.**

##### **Coinsurance added after the Deductible.**

##### **After Deductible is satisfied:**

- Plan C will now have a Coinsurance added after the Deductible is satisfied.
- Network medical claims will apply 20% Coinsurance
- Pharmacy Coinsurance tiers will apply.

**Caremark Pharmacy Tiers will be:**

- Generic - 20% Coinsurance
- Preferred Brand Name - 40% Coinsurance
- Non Preferred Brand Name - 65% Coinsurance
- Anti Cancer Oral Medications – 20% Coinsurance
- Discount Tier Medications – 100% Coinsurance (no change)

**Chronic Care Benefit is not available on Plan C.**

**Compound Medications now must be filled at Network pharmacies only.**

**90 day supplies of most drugs available on Plans A and C**

**Non Network medical claims Coinsurance will increase to 50% Coinsurance.**

**Combined pharmacy and medical Network Out Of Pocket (OOP) maximums are:**

- Single: \$5,000
- Family: \$10,000

## Medicare Options

### PLANS

- Coventry Advantra Freedom PPO with either Coventry Part D or Aetna Part D **Value** or **Premiere** Option.
- Coventry Advantra Liberty PPO with either Coventry Part D or Aetna Part D **Value** or **Premiere** Option.
- Kansas Senior Plan C through Blue Cross and Blue Shield with or without Aetna Part D **Value** or **Premiere** Option.

### Changes for the Coventry Advantra Freedom medical plan.

- Diagnostic services will be banded copay of \$0 - \$150 per CMS changes. Services impacted would be diagnostic procedure and tests. For Example: CT scan, diagnostic radiology within the physician office, freestanding facilities or when preformed in an outpatient hospital setting.

### Changes for the Coventry Advantra Liberty medical plan.

- Diagnostic services will be banded copay of \$0 - \$200 per CMS changes. Services impacted would be diagnostic procedure and tests. For Example: CT scan, diagnostic radiology within the physician office, freestanding facilities or when preformed in an outpatient hospital setting.
- Outpatient services/Surgery has increased the banded copay \$200-\$250.

### Changes on Medicare Offerings for Plan Year 2017

**Coventry Part D** offering for Freedom and Liberty will now be the same drug offering. Coventry Part D Tiers will be:

**Network/Preferred Retail 30 day supply member responsibility:**

Tier 1: Preferred Generic	\$2 copayment
Tier 2: Generic	\$5 copayment
Tier 3: Preferred Brand	\$47 copayment
Tier 4: Non Preferred Brand	\$100 copayment NEW - now a copayment!



Tier 5: Specialty 33% coinsurance Only available in 30 day supply.

**Non Network /Standard Retail 30 day supply member responsibility:**

Tier 1: Preferred Generic \$10 copayment

Tier 2: Generic \$20 copayment

Tier 3: Preferred Brand \$47 copayment

Tier 4: Non Preferred Brand \$100 copayment NEW - now a copayment!

Tier 5: Specialty 33% coinsurance Only available in 30 day supply.

60 day supply will be 2 times tier level listed above.\*

90 day supply will be 3 times tier level listed above.\*

\*Specialty limited to 30 day supply.

Coverage Gap will cover Tier 1 & Tier 2 only. Network Preferred (\$2/\$5) Non Network Standard (\$10/\$20)

**Aetna RX Part D** was awarded the contract again for a three year contract. They will now offer a Low Option along with the amended High Option. See benefit design on page 31.

**Premier Option** monthly premium increased to \$190 and will have changes on the Tier 5 Specialty tier. Reducing the coinsurance level to 25% but removing the maximum on Specialty. This is the only plan with the same coverage level through the coverage gap.



**Value Option** monthly premium offering will be \$84.68. This offering will have a \$100 deductible then go to a copayment level. The copayment level is determined by two variables: tier level of your prescription drug and Network that you will use (Network/Preferred or Non Network/Standard). Generic Tier 1 only will be covered through the coverage gap.

**CMS Changes on the Part D**

Initial Coverage Limit and Coverage Gap begins now at \$3,700.

True Out of Pocket and Catastrophic Coverage begins now \$4,950.

Catastrophic coverage: The greater of 5% of the cost, or \$3.30 / generic and a \$8.25 copayment for all other drugs.

**Reminders for Plan Year 2017 - Medicare Options**

- Please review the formularies for Coventry Part D and Aetna Part D every year to see if your prescriptions are covered or has had a tier change.
- **If you decide to opt out of the Part D prescription drug coverage** offered through the State Employee Health Plan, you must have "creditable drug coverage" from the "Private Market" to be eligible to return to the SEHP Part D coverage during Open Enrollment without having to pay a penalty. "Private Market" Open Enrollment for Part D prescription drug coverage is October 15th through December 7th.
- **If you will be receiving Medicare due to a disability, contact Membership Services** at 866-541-7100 (outside Topeka) or 785-296-1715 (in Topeka).
- **If you do not pay your premiums through KPERS deduction** - All SEHP premium payments (except Aetna Part D which will be billed by Aetna) will be paid by automatic bank draft. This can be set up online in the Member Portal in MAP - <https://sehp.member.hrissuite.com/> **If you need assistance with this, call either 1-866-541-7100 or 785-296-6280.**



## Dropping Coverage

Direct Bill members may drop medical, dental, prescription and vision coverage for themselves and/or any covered dependents at any time by submitting the request in writing via email to [sehpmembership@kdheks.gov](mailto:sehpmembership@kdheks.gov) or regular mail to:

State Employee Health Plan  
Direct Bill Membership Services  
Rm 900-N, Landon State Office Building  
900 SW Jackson Street  
Topeka, KS 66612

**Important:** Once coverage (medical, dental and prescription drug) has been terminated, the member cannot re-enroll at a later date. The effective date of termination will be the last day of the month following notification. When a member terminates his or her coverage, all dependents' coverage will be terminated as well.

**Dental Coverage:** Members can opt out of coverage during Open Enrollment only. Once a member opts out of dental coverage, the member will not be able to re-enroll in dental coverage at a later date.

**Vision Coverage:** Members can opt out of vision coverage during Open Enrollment or when they cancel their medical, dental and prescription drug coverage. Changes to your coverage throughout the plan year can be made only when you or a dependent becomes ineligible.

Members can waive vision one year, then elect to pick it back up during the next Open Enrollment period, as long as they are enrolled in Medical coverage.

## Before you Enroll

**Review all of your enrollment materials** including this Open Enrollment booklet or go to [www.kdheks.gov/hcf/sehp/directbill.htm](http://www.kdheks.gov/hcf/sehp/directbill.htm) to become familiar with your options.

**Read *Medicare and You***, a handbook from the Social Security Administration, if you or a covered dependent is eligible for Medicare.

**Attend an Open Enrollment Meeting or Webinar.** If you are enrolling or making changes during the annual open enrollment period, we encourage you to attend an Open Enrollment Meeting or Webinar to hear explanations of your benefit options and to ask questions. See pages 4-5 for dates and times of meetings near you and the webinars.

**Learn about your health plan options.** Make sure your health care providers, medical facilities and pharmacy are included in your health plan's network of preferred providers.

## Open Enrollment

The Annual Open Enrollment period for State Employee Health Plan Retiree/Direct Bill members is October 16th through November 15th. **Enrollment must be completed NO LATER THAN NOVEMBER 15th.**

**If you have questions**, please contact the Direct Bill Call Center toll free at 1-866-541-7100 or 296-1715 (In Topeka). Representatives are available to assist you from October 12, 2016 through December 9, 2016 Monday through Friday 8:30 a.m. to 4:30 p.m. Central time. **The office will be closed** on Veterans Day (November 11) and the Thanksgiving Holiday (November 24-25).

Any changes made to your health plans during the Open Enrollment period will become effective January 1, 2017.

# OPEN ENROLLMENT MEMBERSHIP ADMINISTRATION PORTAL (MAP) USERS INSTRUCTIONS

The Membership Administration Portal (MAP) is located here <https://sehp.member.hrissuite.com/>

Members can enroll online using any computer with Internet access – at work, home, or at most public libraries. All modern Internet browsers will work; Internet Explorer 9 and above, Chrome, Firefox, Safari, and Opera.

## **Technical Support During the Open Enrollment Period, October 16th through November**

**15th:** If you experience any technical issues with this portal, call the MAP Help Desk at 1-800-832-5337 (Toll free). The MAP Help Desk will be open from October 16th through November 15th Monday – Friday 7 AM to 5 PM and Saturday 9 AM to 2 PM Central Time.

**The Technical Help Desk does not reply to questions about your benefits.**

**Technical Support After Hours during Open Enrollment:** Please e-mail:

***techsupport@hrissuite.com*** Include your name, phone number, and an explanation of your issue and we will trouble shoot your issue and contact you within 24 hours with a resolution.

Starting October 16th, you can visit MAP to register your online account, review your contact information and family roster, review your current SEHP elections and then make any changes you want for plan year 2017. The following information will provide you with step-by-step instructions on how to register your account and complete your open enrollment. Note: You only need to register your account and create a unique login the first time you access MAP. Once you have registered, you will be able to sign in to MAP with your username and password.

### **\*Before you begin, make sure you have the following information ready\***

- Your Kansas Employee ID number (***Call the Direct Bill Call Center - 296-1715 (In Topeka) or 866-541-7100 (Toll Free) if you don't know this***)
- The last 6 digits of your Social Security number (SSN)
- Your Date of Birth

**Adding a new dependent?** Dependent documentation in pdf format will need to be scanned and uploaded into MAP at the time the member is requesting to add a new dependent.

### **Enrollment Instructions**

1. Go to MAP at: <https://sehp.member.hrissuite.com/>
2. The Welcome screen will appear. If this is the first time you are logging into the portal, please click on the “**Register Now**” button to get started. If you have previously registered and remember your pass word, click on the “**Sign In**” button. If you do not remember your password, you will need to register again.
3. Follow the instructions on the screen

You may go into MAP as many times as needed during Open Enrollment to make changes. Pending election statements will be emailed directly to your registered email address each time you save an election in the portal. The benefits that you have selected as of midnight on November 15, 2016 will be effective January 1, 2017. Members may log into the member portal after December 15, 2016 to see their final approved elections for Plan Year 2017.

## Choosing Your Health Plan:

### Plan A, Plan C - High Deductible Health Plan, Kansas Senior Plan C or Coventry Advantra PPO

You have choices when it comes to your health coverage. Choosing the appropriate health plan for you and your family may be easier than you think!

The State offers the following plans to Direct Bill members:

#### Non-Medicare Options

- Plan A — Aetna or Blue Cross and Blue Shield of Kansas
- Plan C High Deductible Health Plan (HDHP) — Aetna or Blue Cross and Blue Shield of Kansas

**NOTE:** Neither a Health Savings Account or Health Reimbursement accounts is available for retirees electing Plan C (HDHP) under Direct Bill.

#### Medicare Options

- Coventry Advantra Freedom PPO (with Coventry Part D)
- Coventry Advantra Freedom PPO (with Aetna Part D - either **Value** or **Premier** Option)
- Coventry Advantra Liberty PPO (with Coventry Part D)
- Coventry Advantra Liberty PPO (with Aetna Part D - either **Value** or **Premier** Option)
- Kansas Senior Plan C (with or without Aetna Part D - either **Value** or **Premier** Option)

**REMINDER:** Kansas Senior Plan C is the ONLY plan that Direct Bill members can enroll in without Prescription Drug coverage and select a Part D prescription drug plan from the Private Market.

**If you elect to enroll in Kansas Senior Plan C without taking Prescription Drug coverage through the SEHP or Private Market Part D,** you may re-enroll in the State's Part D Prescription Drug Coverage during the next open enrollment period or if you have a qualifying event.

When making your health plan choices, Direct Bill members should always consider present health conditions and the financial status of all individuals to be covered under the chosen plan.

## Non-Medicare Options

### Plan A or Plan C (HDHP)

You have access to all health plans regardless of where you live.

The State Employee Health Plan offers two medical plan options:

- Plan A
- Plan C - HDHP

Each option is designed differently (for example, deductibles, coinsurance and annual maximums). Differences between Plans A and C - HDHP are shown on page 16.

The Preferred Lab Benefit program is available with both Plan A and Plan C - HDHP. See page 12 for details.

There are two health plan vendors:

- Aetna
- Blue Cross and Blue Shield of Kansas

Each health plan vendor has a unique network of contracting providers. Provider directories are listed on each vendor page on our website - [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm)

**REMEMBER:**

- **Using Network Providers saves you money.** Network providers have agreed to accept the plan allowance as payment in full, using Network providers saves you money.
- **Non Network providers have not agreed to accept the plan allowance,** so any amount above the plan allowance may be your responsibility.

**Both Vendors offer the following:**

- Access to a broad Network of providers nationwide which allows you flexibility in obtaining care with coverage for both network and non network providers.
- 100 percent coverage for certain preventive care services, such as annual exams, colonoscopy screenings, mammograms and age-appropriate immunizations (including flu shots).
- No dollar limit on the care you may need during the lifetime of the policy.
- Prescription drug coverage through Caremark.



## Prescription Drug Plan

Prescription drug coverage is provided through Caremark for Plans A and C, and its cost is included in the health plan rates. While the Preferred Drug List (PDL) is the same for both plans, the amount you pay will vary depending on the plan you select as explained below.

- **Plan A.** Under this plan, generally you pay a Coinsurance for your prescription drug costs throughout the year, up to a combined medical and pharmacy Out Of Pocket maximum of \$5,750 for single and \$11,500 for member with dependent coverage per year.
- **Plan C.** You/Your Family will be responsible for 100% of the cost of prescription drugs until the Deductible of \$2,750 Single / \$5,500 Family is satisfied. Once you have reached your annual health plan Deductible, you pay a Coinsurance for your prescription drug costs throughout the year, up to a combined pharmacy and medical Out Of Pocket maximum of \$5,000 for single and \$10,000 for family. See pages 4 and 19-20 for Plan C pharmacy tiers and Coinsurance.

Regardless of which plan you elect, your Out Of Pocket costs will be lower if you use generic and/or preferred brand name drugs. The PDL is available at either: [www.kdheks.gov/hcf/sehp/Caremark.htm](http://www.kdheks.gov/hcf/sehp/Caremark.htm) or [www.caremark.com](http://www.caremark.com)

You can also call Caremark at 800-294-6324 for help finding a preferred drug. A number of popular name brand drugs are projected to be available in generic versions during 2017. This list is also on the website.

Before talking to your physician about prescriptions, it is suggested that you print out the Preferred Drug List (PDL) from the website and take it to any appointments so you can discuss your options. The Caremark plan is designed to encourage you and your health care provider to choose the most cost-effective and clinically-effective medications available. Home delivery is available through Caremark and reorders are processed in as little as five to seven days. To place an initial order or reorder by phone, call 1-800-294-6324 or e-mail [online@caremark.com](mailto:online@caremark.com)

Specialty and biotech drugs are designed for difficult conditions that don't respond to traditional therapy. A complete list of Specialty Drugs is available at [www.kdheks.gov/hcf/sehp/Caremark.htm](http://www.kdheks.gov/hcf/sehp/Caremark.htm) These drugs are available only through the Caremark

Connect Specialty Pharmacy. Contact Caremark Connect at 1-800-237-2767. A Caremark representative will coordinate patient care with the provider and arrange for medication delivery. For more information, go to [www.kdheks.gov/hcf/sehp/Caremark.htm](http://www.kdheks.gov/hcf/sehp/Caremark.htm)



## Dental Plan

Member only dental coverage is provided for all members enrolled in medical coverage. Any dependents enrolled in dental coverage must be enrolled in medical coverage.

Members can opt out of coverage during Open Enrollment only. Once a member opts out of dental coverage, the member will not be able to re-enroll at a later date. Dependent dental coverage may not be dropped during the plan year unless dependent medical coverage is also dropped.

You have access to two Delta Dental provider networks determined by how your provider contracts with Delta.

**Delta Dental Premier Network** - Delta Premier Dentists agree to accept the plan allowance as payment in full. You will be responsible for paying only the specific coinsurance and deductibles for covered services in addition to any services not covered.

**Delta Dental PPO Network** - The PPO network providers have agreed to a reduced fee for providing dental services. As a result, you generally pay a lower percentage of the total bill than you would when using a Premier (or Non Network) Provider. The PPO network for our group includes all PPO providers in the national DeltaUSA PPO network. Participants have the option to use the PPO providers whenever desired.

See page 20 for Enhanced and Basic Coverage information. For more details on Delta Dental Benefits, go to [www.kdheks.gov/hcf/sehp/Delta.htm](http://www.kdheks.gov/hcf/sehp/Delta.htm)



## Vision Plan

You are offered two vision plans through *Surency Life and Health*, a Kansas-based company wholly owned by our dental carrier, Delta Dental of Kansas. See page 21 for details on the plans.

Surency partners with *EyeMed Vision Care* for your vision care provider network. Surency's *Insight* network of providers offers you the choice of independent providers or retail providers, such as *LensCrafters*, *Target*, *Sears and Walmart* to name a few. There are more than 700 providers at more than 200 locations for you to utilize. You may search for a provider near you at: [www.surency.com/stateofkansas](http://www.surency.com/stateofkansas).

Through Surency, you have access to their many value-added benefits which help you save money all year long. These include Glasses.com and ContactsDirect.com where you may access and use your benefits in their online superstores that offer a wide variety of the world's leading brands of frames and lenses.

Surency members may also receive a 40% discount for additional purchases of complete pairs of eyeglasses when using a participating EyeMed provider. Check with the Surency State of Kansas Insight Network to make sure that your provider is participating in the additional discounts provided. With the Sunperks discount plan, you'll receive a \$50 discount at any Sunglass Hut (no minimum purchase necessary). More information on these plans and other value added benefits can be found at: [www.surency.com/stateofkansas](http://www.surency.com/stateofkansas)

## Preferred Lab Benefit - Available with Plans A and C - HDHP

**For Plan A:** Present your State Employee Health Plan ID card identifying your membership. When you use a participating laboratory, either Quest Diagnostics or Stormont-Vail/Cotton-O'Neil, for outpatient non emergency testing that is covered and approved by your health benefit plan, you pay **no** Deductibles, Copays or Coinsurance.

**For Plan C:** Present your State Employee Health Plan ID card identifying your membership. When you use a participating laboratory, either Quest Diagnostics or Stormont-Vail/Cotton-O'Neil, for outpatient non emergency testing that is covered and approved by your health benefit plan. After you meet the Deductible, covered outpatient lab tests performed by the Preferred Lab providers are paid at 100% by the Plan.

If your doctor doesn't use Quest Diagnostics or you are not a Cotton-O'Neil patient, bring the lab orders from your doctor to one of the locations provided by Quest Diagnostics or Stormont-Vail/Cotton-O'Neil to have the lab work done and receive either benefit.



**Quest Diagnostics** offers collection sites at various locations throughout the State of Kansas and nationwide. Also, you can arrange to have specimens picked up from your doctor's office. All it takes is a telephone call to the number on the back of your Quest ID card.



**Stormont-Vail/Cotton-O'Neil** offers 10 locations in northeast Kansas for all State Employee Health Plan members. You do not have to be a Cotton-O'Neil patient to access this benefit. Lab orders from your physician are required.

### PLEASE REMEMBER:

You must verbally request to use your Preferred Lab Benefit.

#### The Preferred Lab Benefit Program does NOT cover:

- Testing ordered during hospitalization
- Lab work needed on an emergency or STAT basis
- Testing done at any other laboratory
- Non-Laboratory work such as mammography, x-rays, imaging and dental work
- Time sensitive, esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests
- Testing not approved and/or covered by the State of Kansas Plans A or C - HDHP
- Lab work billed to your health plan by your doctor or another laboratory

**The Preferred Lab Benefit is completely voluntary.** If you and your health care provider choose to use a lab other than those provided by either Quest Diagnostics or Stormont-Vail HealthCare you still have laboratory coverage. However, you will be responsible for any deductible, copayments or coinsurance applied by the health plan.

For details, go to [www.kdheks.gov/hcf/sehp/PreferredLab.htm](http://www.kdheks.gov/hcf/sehp/PreferredLab.htm)



## Plan Year 2017 Retiree/ Direct Bill NON Medicare Options Comparison Chart

### Monthly Premiums for Plan A, Surency Vision and Delta Dental

Coverage Choice	Medical		Surency Vision		Delta Dental
	Aetna	BCBS of Kansas	Basic	Enhanced	
1	\$1,083.95	\$975.69	\$3.96	\$7.79	\$34.48
2	\$2,256.00	\$2,033.30	\$7.75	\$15.37	\$77.58
3	\$1,936.66	\$1,745.19	\$7.00	\$13.86	\$86.20
4	\$3,213.94	\$2,897.67	\$10.81	\$21.49	\$137.94

### Monthly Premiums for Plan C, High Deductible Health Plan ONLY, Surency Vision and Delta Dental

Coverage Choice	Medical		Surency Vision		Delta Dental
	Aetna	BCBS of Kansas	Basic	Enhanced	
1	\$799.41	\$720.23	\$3.96	\$7.79	\$34.48
2	\$1,722.07	\$1,552.52	\$7.75	\$15.37	\$77.58
3	\$1,456.59	\$1,313.19	\$7.00	\$13.86	\$86.20
4	\$2,517.11	\$2,270.40	\$10.81	\$21.49	\$137.94

#### Coverage Choice Codes Key

1-Member Only 2-Member and Spouse Only 3-Member and Child(ren)  
4-Member, Spouse and Child(ren)

**IMPORTANT REMINDERS:** The premiums provided for vision and dental coverage above are separate from the premiums provided for the medical plans. Therefore, when calculating your total monthly premium, please be sure to add all three premium amounts, as applicable.



## Plan Year 2017 Retiree/ Direct Bill NON Medicare Options Comparison Chart

	Plan A		Plan C - HDHP	
	Aetna Blue Cross and Blue Shield of Kansas		Aetna Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
<b>Basic Provisions</b>				
<b>Provider Choice</b>	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status			
<b>Annual Deductible</b>	<b>\$1,000 / \$2,000 / \$3,000</b>	<b>\$1,200 / \$2,400 / \$3,600</b>	\$2,750 Single / \$5,500 Family	\$2,750 Single / \$5,500 Family
	Member Only - \$1,000 Member & 1 - \$2,000 Member & 2+ - \$3,000	Member Only - \$1,200 Member & 1 - \$2,400 Member & 2+ - \$3,600		
<b>Annual Coinsurance</b>	20% Coinsurance	50% Coinsurance	20% Coinsurance	50% Coinsurance
<b>Out of Pocket Max - TOTAL</b>	\$5,750 Single / \$11,500 Family	\$5,750 Single / \$11,500 Family	\$5,000 Single / \$10,000 Family	\$5,000 Single / \$10,000 Family
<b>Lifetime Benefit Maximum</b>	No limit	No limit	No limit	No limit
<b>Amounts Above Plan Allowance</b>	Provider to write off	Member responsibility	Provider to write off	Member responsibility
<b>Preventive Care:</b> <i>Limited to one visit or service per year unless otherwise noted. Review the benefit description for details on exact coverage.</i>				
<b>Well Baby Exams</b> <i>includes newborn screenings &amp; age appropriate office visits</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Well Child Exam</b> <i>includes office visit, age appropriate screenings and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Well Woman Exam</b> <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Well Man Exam</b> <i>includes office visit, age appropriate screenings, contraception and counseling</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Prenatal Screenings and Counseling</b> - see benefit description for list of covered services	Covered in Full	Not Covered	Covered in Full	Not Covered

## Plan Year 2017 Retiree/ Direct Bill Health Plan Comparison Chart

### NON Medicare Options

	Plan A		Plan C - HDHP	
	Aetna Blue Cross and Blue Shield of Kansas		Aetna Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
<b>Preventive Care Continued:</b> <i>Limited to one visit or service per year unless otherwise noted. Review the benefit description for details on exact coverage.</i>				
<b>Age Appropriate Bone Density Screening</b>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Immunizations</b>	Covered in Full	Covered in full to age 6 otherwise Deductible & 50% Coinsurance	Covered in Full	Covered in full to age 6 otherwise Deductible & 50% Coinsurance
<b>Mammography</b> <i>(not limited to one)</i>	Covered in Full	Deductible & 50% Coinsurance	Covered in Full	Deductible & 50% Coinsurance
<b>Colonoscopy</b> <i>-(not limited to one)</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Ultrasonography for Aortic Aneurysm</b> - <i>limited to men ages 65 to 75 with history of tobacco use</i>	Covered in Full	Not Covered	Covered in Full	Not Covered
<b>Routine Hearing Exam</b>	Covered in Full	Deductible & 50% Coinsurance	Covered in Full	Deductible & 50% Coinsurance
<b>Routine Vision Exam</b>	1st Exam of year Covered in Full	Deductible & 50% Coinsurance	1st Exam of year Covered in Full	Deductible & 50% Coinsurance
<b>Covered Services</b>				
<b>Inpatient Services</b>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>Physician Hospital Visits</b>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>Physician Office Visits</b>				
Primary Care Provider	\$40 Copayment	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Specialist	\$60 Copayment	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Urgent Care Center	\$50 Copayment	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>Outpatient Surgery</b>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>Emergency Room Visits</b>	\$100 Copayment (waived if admitted) then Deductible & 20% Coinsurance	\$100 Copayment (waived if admitted) then Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance

## Plan Year 2017 Retiree/ Direct Bill NON Medicare Health Plan Comparison Chart Non Medicare Options

	Plan A		Plan C - HDHP	
	Aetna Blue Cross and Blue Shield of Kansas		Aetna Blue Cross and Blue Shield of Kansas	
	Network Providers	Non Network Providers	Network Providers	Non Network Providers
<b>Covered Services</b>				
<b>Other Outpatient Services</b>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>Ambulance Services</b>	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance	Deductible & 20% Coinsurance
<b>Major Diagnostic Tests</b>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>X-Ray and Laboratory</b>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>Rehabilitation Services:</b> <i>(services limited to those medically necessary and appropriate medical records must show continued improvement)</i>				
Inpatient Facility	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Outpatient Facility	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
Office Based	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>Durable Medical Equipment</b>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>Allergy Testing</b>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>Antigen Administration:</b> <i>desensitization/ treatment; allergy shots</i>	Covered in full	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>Autism Services</b>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>Manipulation Therapies</b> - <i>Limited to 30 visits per year</i>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>Licensed Dietitian Consultation:</b> <i>for medical management of documented disease</i>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
<b>Hospice</b> - <i>services must be pre-approved by health plan; limited to six months</i>	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance	Deductible & 20% Coinsurance	Deductible & 50% Coinsurance
The Comparison Chart is NOT the governing document. Members need to refer to the Benefit Descriptions posted on each vendor page on the SEHP website - <a href="http://www.kdheks.gov/hcf/sehp/default.htm">www.kdheks.gov/hcf/sehp/default.htm</a>				

## Plan Year 2017 Retiree/ Direct Bill Health Plan Comparison Chart Non Medicare Options

### Preferred Lab Benefit

The Preferred Lab Benefit program is included when you choose either Plan A or Plan C (HDHP) as a way to save you money on outpatient laboratory tests. When you use a collection site of either Quest Diagnostics (state and nationwide) or Stormont-Vail Healthcare (9 locations in NE Kansas) for outpatient lab work covered by Plan A, the cost will be covered at 100% of the negotiated amount with no deductible, copayment or coinsurance. For Plan C members, you and your covered dependents receive discounted pricing on covered outpatient laboratory testing, when the testing is performed by Quest Diagnostics or Stormont Vail/Cotton O'Neil Laboratories. Once you reach your Deductible, Plan C covered outpatient lab test will be covered in full when using a Preferred Lab Vendor.

### Mental Health

**Mental Illness & Drug or Alcohol Treatment:**

**Same Coverage as Medical**

### Caremark Prescription Drug Benefits for Plan A

Preferred Drug List, Specialty Drug List and Discount Tier List available on the web at [www.caremark.com](http://www.caremark.com)

Tier	Type of Prescription Medication	You Pay	Your Out-of-Pocket Maximum
1	Generic Drugs	20% Coinsurance	There is an Out of Pocket maximum of \$5,750 for single and \$11,500 for combined Medical and Pharmacy for family per year.
2	Preferred Brand Name Drugs	40% Coinsurance	
3	Special Case Medications	40% Coinsurance to a maximum of \$100 per standard unit of therapy / 30 day supply	
4	Non Preferred Brand Name Drugs	65% Coinsurance	
5	Discount Tier Medications	100% Coinsurance	N/A
6	Anticancer Oral Medications	20% Coinsurance to a maximum of \$100 per standard unit of therapy / 30 day supply	Applies to the Out of Pocket maximum (See above)
Value Based	Diabetes	Generic - 10% to a max of \$20/30-days Preferred brand - 20% to a max of \$40/30 day supply	Applies to the Out of Pocket maximum (See above)
Value Based	Asthma		

Compound Medications now must be filled at Network Pharmacy only.

### Caremark Prescription Drug Benefits for Plan C While Satisfying the Deductible

Tier	Type of Prescription Medication	
1	Generic Drugs	Tiers 1-4 are subject to the Deductible.  You/Your Family will be responsible for 100% of the cost of prescription drugs until the Deductible of \$2,750 Single / \$5,500 Family is satisfied. Once the Deductible is met, there is Coinsurance similar to Plan A until the Out Of Pocket maximum is satisfied.
2	Preferred Brand Name Drugs	
3	Non Preferred Brand Name Drugs	
4	Anticancer Oral Medications	

Discount Tier Drugs are not covered and do not count toward the Health Plan Deductible.

Compound Medications now must be filled at Network Pharmacy only.

Caremark Prescription Drug Benefits for Plan C After Deductible is Satisfied				
Tier	Type of Prescription Medication	You Pay	Your Out Of Pocket Maximum	
1	Generic Drugs	20 % Coinsurance	There is an Out Of Pocket maximum of \$5,000 for single and \$10,000 for family combined Medical and Pharmacy per year.	
2	Preferred Brand Name Drugs	40% Coinsurance		
3	Special Case Medications	40% Coinsurance		
4	Non Preferred Name Drugs	65% Coinsurance		
5	Discount Tier Medications	100% Coinsurance	N/A	
6	Anticancer Oral Medications	20% Consurance	There is an Out Of Pocket maximum of \$5,000 for single and \$10,000 for family combined Medical and Pharmacy per year.	
Compound Medications now must be filled at Network Pharmacy only.				
Delta Dental Benefits				
		PPO Network Provider	Premier Network Provider	Non Network* Provider
Annual Benefit Maximum		\$1,700 per member		
Lifetime Orthodontic Benefit		50% Coinsurance to a maximum of \$1,000 per member		
Implant Coverage <i>(Benefit subject to Annual Benefit Maximum above)</i>		50% Coinsurance		
DEDUCTIBLE				
Diagnostic and Preventive Services		No Deductible		
Basic Restorative Services		\$50 per person per Plan Year. Not to exceed an Annual Family Deductible of \$150		
Major Restorative Services				
COINSURANCE				
BASIC BENEFIT				
Applies when you have not had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months				
Diagnostic and Preventive Services		Allowed amount covered in full by the Plan *		
Basic Restorative Services		50%	50%	50%
Major Restorative Services		60%	70%	70%
ENHANCED BENEFIT				
Applies when you have had at least one routine prophylaxis (cleaning) and/or preventive oral exam in prior 12 months				
Diagnostic and Preventive Services		Allowed amount covered in full by the Plan*		
Basic Restorative Services		20%	40%	40%
Major Restorative Services		50%	50%	50%

*\*Dental Services by Non Network providers are subject to the Allowed Amount including the Maximum Plan Allowance for Non Network Providers. Any amounts in excess of the Allowed Amount will be the member's responsibility.*

*Your Coinsurance will increase for Basic Restorative Services when you have not had a routine prophylaxis (cleaning) and/or preventive oral exam in the preceding twelve (12) month periods. Ninety (90) days following receipt of a qualifying prophylaxis (cleaning) or preventive oral exam, you will qualify for the Enhanced Benefit Level. The Plan reserves the right to determine what services will qualify as meeting the definition of a routine prophylaxis (cleaning) and preventive oral exam. Routine prophylaxis (cleanings) and preventive exams shall not include any services provided on an emergency basis or for treatment of an injury to the teeth.*

## Surency Vision Benefits

Service or Item	Basic Plan: Network	Enhanced Plan: Network	Both Plans: Non Network
<b>Eye Exams: Subject to \$50 Copayment</b>			
Eye Exam, M.D. or O.D	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$38
<b>Eyeglasses: Subject to \$25 Materials Copayment</b>			
Frame	Up to \$100 retail*	Up to \$150 retail*	Basic: Up to \$45 Enhanced: Up to \$78
Single Vision Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$31
Bifocal Lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$51
Trifocal lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$64
Lenticular lenses, pair	Covered in Full after Copayment	Covered in Full after Copayment	Up to \$80
Progressive lenses, pair	Not Covered	Covered up to \$165*	Not Covered
High Index lenses, pair	Not Covered	Up to \$116 retail	Not Covered
Polycarbonate lenses, pair	Up to \$40	Covered in Full	Not Covered
Scratch Coat	Up to \$15	Covered in Full	Not Covered
UV Coat	Up to \$15	Covered in Full	Not Covered
<b>Contact Lenses: Not subject to Materials Copayment</b>			
<b>NOTE:</b> Contact lens allowance must be used in one (1) purchase each year.			
When Medically Necessary	Covered in Full	Covered in Full	Up to \$105
Elective/Cosmetic Retail	Up to \$150 retail*	Up to \$150 retail*	Up to \$105
<b>Contact Lens Exam (fitting fee) (\$35 Copayment)</b>			
Standard Contacts**	Covered in Full	Covered in Full	Not Covered
Specialty Contacts***	90% of charge, less \$55 allowance	90% of charge, less \$55 allowance	Not Covered

*\* You are responsible for any charges above the allowance.*

*\*\* Standard contact lens fit and up to two follow up visits covered once a comprehensive eye exam has been completed. Typical standard lenses include disposable, daily wear or extended wear lenses.*

*\*\*\* Specialty contact lens fit and up to two follow up visits covered once a comprehensive eye exam has been completed. Typical specialty lenses include toric, gas permeable and multi-focal lenses.*

**NOTE:** Members may use their benefit for contact lenses OR spectacle lenses once per year, however the members frame allowance can still be used if contact lenses are elected.

# Medicare Options

Medicare is a federal health plan designed for the elderly and disabled. It assists enrollees in the payment of health costs subject to certain copays and/or coinsurances. A person may be eligible for Medicare by virtue of reaching age 65 or by being approved for total disability by the Social Security Administration.

## The State Employee Health Plan Medicare Options are:

- Coventry Advantra Freedom PPO (with Coventry Part D)
- Coventry Advantra Freedom PPO (with Aetna Part D - either **Value** or **Premier** Option)
- Coventry Advantra Liberty PPO (with Coventry Part D)
- Coventry Advantra Liberty PPO (with Aetna Part D - either **Value** or **Premier** Option)
- Kansas Senior Plan C (with or without Aetna Part D - either **Value** or **Premier** Option)



## Coventry Advantra Freedom and Coventry Advantra Liberty PPO Plans

### **NEW!** Two Plan offerings from Coventry Health Care of Kansas, Inc.

Coventry Advantra Freedom PPO and Coventry Advantra Liberty PPO are now available for Direct Bill members enrolled in Medicare Part A and Part B. The Medicare Advantage Plans fall under the Part C of Medicare. You have peace of mind knowing that Coventry Advantra meets all of Medicare's stringent regulations and offers you more benefits with no upfront deductibles.

Coventry Advantra Freedom and Coventry Advantra Liberty PPO offerings have a choice of Coventry Part D or Aetna Part D prescription drug coverage. Enrollment in "Private Market" Part D coverage is not allowed with either of the Coventry Advantra PPO options.

Coventry receives Medicare reimbursements that allow them to offer these PPO options with enhanced benefits that are significantly lower monthly premiums than other policies. Direct Bill members enrolled in Advantra PPO Plans continue to pay the Part B premium and a monthly premium for either of the Advantra Plans. **You do not need to buy additional supplemental Medicare insurance.**

The Advantra plans are filed and approved for the entire states of:

- Kansas
- Missouri
- Oklahoma
- Arkansas

If you consider either of the Advantra PPO Plans, you need to make sure you have access to a preferred provider to receive in network services. To view either the Advantra Freedom or Advantra Liberty PPO provider directories, go to [www.kdheks.gov/hcf/sehp/default.htm](http://www.kdheks.gov/hcf/sehp/default.htm) and click on Coventry Advantra or contact Coventry customer service at 1-855-322-7558.

This year you have the options of reviewing and choosing which Advantra PPO offering that will work for you. Compare the differences listed on page 27. You can review the monthly premiums, out of pocket maximums and differences in covered services (ie. Hospital Stays, Office Visit Copays and the different drug plans available) that will be best for you.



These plans provide members the ability to seek care without referral from any physician enrolled as a Medicare provider however you will receive the highest level of benefit if you seek care from doctors who are part of the Coventry PPO Network Providers.

#### **Additional Coventry Advantra Freedom and Coventry Advantra Liberty PPO Services**

- Both Coventry Advantra offerings will allow members the SilverSneaker Program. This benefit provides unlimited access to participating fitness centers anywhere in the country at no extra charge.
- Member Communication reminders for preventive services that are important for your overall health.



## **Kansas Senior Plan C**

Kansas Senior Plan C is a State of Kansas Medigap policy administered by Blue Cross and Blue Shield designed to lower costs for Medicare eligible Direct Bill members, spouses and/or dependents.

With Kansas Senior Plan C, members can choose the plan that includes one of the Aetna Part D prescription drug coverages or they can choose Kansas Senior Plan C without drug coverage and purchase prescription drug coverage under Medicare Part D on the Private Market.

- Kansas Senior Plan C is one of the 10 standardized Medicare supplement insurance plans. It has the same medical benefits as any other Medicare Supplement Plan C. Medicare Supplement Insurance exists to help fill the gaps that Medicare approves but does not pay. Unlike individual medigap policies such as Plan 65, Kansas Senior Plan C is group rated rather than individually age rated. Kansas Senior Plan C offers optional prescription drug, dental and vision benefits while most individual policies offer only medical benefits. The retiree and any Medicare Eligible Dependents must be enrolled in Medicare Part A and Medicare Part B. There is no network for physicians or hospitals.
- Kansas Senior Plan C is the only plan offered to Direct Bill members that allows the member to elect Part D coverage from the Private Market.
- The medical portion of the plan pays what Medicare approves but does not pay. This includes both the Part A and Part B deductibles each year, as well as any coinsurance required by Medicare coverage rules.

**Important Note:** If Medicare does not cover a service, there is no benefit under the medical portion of Kansas Senior Plan C.

- Simply utilize providers who accept Medicare assignment. These providers agree to accept the Medicare allowance as payment in full. This means that between the Medicare payment and the Kansas Senior Plan C payment, the member has no out-of-pocket costs.
- Travel with confidence because Kansas Senior Plan C coverage is accepted by doctors and hospitals everywhere in the United States so you'll have access to care if you need it. Foreign travel emergencies are also covered with some limitations.
- Members may elect Kansas Senior Plan C coverage with or without Delta Dental coverage. **However** - once a member opts out of dental coverage, the member will not be able to re-enroll in dental coverage at a later date.



## Aetna Part D Medicare Drug Plan

Aetna Part D is an optional Medicare Part D prescription drug component. This plan provides a level of benefits not available on standard Part D plans found on the private market. This year Aetna Part D will have **Premier** and **Value** options members can review. **NOTE:** These plans have the same Network of Providers but do have separate formulary. Review the formulary (Preferred Drug List) to make sure the prescriptions you use are listed.

**For questions concerning Aetna Part D coverage, members should contact Aetna Part D Customer Care representatives at 1-844-233-1939.** The benefit specialists are available from 8:00 a.m. to 8:00 p.m. Monday - Friday. They can assist with questions regarding the transition to your new plan, drug cost estimations and answer any questions you may have.

### Aetna Part D Overview

Aetna Part D will generally cover the drugs listed in their formulary as long as:

- The drug is medically necessary
- The prescription is filled at a Network pharmacy, and other coverage rules are followed.

Aetna Part D does not pay for drugs that are covered by Medicare Part B, such as:

- Drugs usually supplied by and administered in your doctor's office (such as chemotherapy drugs)
- Drugs used with durable medical equipment (DME) that you obtained through DME services, such as respiratory drugs given through a nebulizer
- Some immunosuppressive drugs (if you had a Medicare covered transplant) and some oral anti-cancer drugs
- Drugs provided in Hospital Outpatient Departments and drugs such as erythropoietin (EPO) if you are undergoing dialysis

In order to participate in Medicare Part D, you must enroll in only one of the Part D plans. Once you are enrolled in a plan (either through the State Employee Health Plan or the private market), if you enroll in another Medicare Part D plan at a later date, you will be automatically dis-enrolled in the previous plan, you will still need to contact SEHP at 866-541-7100 if you are dropping coverage with the State. If you are enrolled in a Medicare Part D plan that is coupled with other health insurance, enrollment in a subsequent Part D plan may result in loss of your health insurance benefits.

**NOTE:** Premiums are billed by Aetna Part D directly to the member. These premiums are not included in the premium drafted by the State Employee Health Plan.

For more details on Aetna Part D Medicare Drug Plan, go to:

**[www.kdheks.gov/hcf/sehp/Vendors/AetnaPartD.htm](http://www.kdheks.gov/hcf/sehp/Vendors/AetnaPartD.htm)**

## Plan Year 2017 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

### Monthly Premiums for Medicare Plans with or without Part D, Surency Vision Services and Delta Dental Member Only

Medical Plan (with or without Part D)	Monthly Premium	Surency Vision Services: Basic Plan	Surency Vision Services: Enhanced Plan	Delta Dental
<b>Coventry Advantra Freedom PPO with Coventry Part D</b>	\$156.00	\$3.96	\$7.79	\$34.48
<b>Coventry Advantra Freedom PPO with Aetna Part D - Premier Option</b>	\$278.00	\$3.96	\$7.79	\$34.48
<b>Coventry Advantra Freedom PPO with Aetna Part D - Value Option</b>	\$172.68	\$3.96	\$7.79	\$34.48
<b>Coventry Advantra Liberty PPO with Coventry Part D</b>	\$140.00	\$3.96	\$7.79	\$34.48
<b>Coventry Advantra Liberty PPO with Aetna Part D - Premier Option</b>	\$274.00	\$3.96	\$7.79	\$34.48
<b>Coventry Advantra Liberty PPO with Aetna Part D - Value Option</b>	\$168.68	\$3.96	\$7.79	\$34.48
<b>Kansas Senior Plan C with Aetna Part D - Premier Option</b>	\$393.00	\$3.96	\$7.79	\$34.48
<b>Kansas Senior Plan C with Aetna Part D - Value Option</b>	\$287.68	\$3.96	\$7.79	\$34.48
<b>Kansas Senior Plan C without Aetna Part D</b>	\$203.00	\$3.96	\$7.79	\$34.48

#### IMPORTANT REMINDERS:

The premiums provided for vision and dental coverage above are separate from the premiums provided for the medical plans. Therefore, when calculating your total monthly premium, please be sure to add all three premium amounts, as applicable.

## Kansas Senior Plan C - Medicare Payment Information

Medicare A – Hospitalization	Medicare B – Medical	Kansas Senior Plan C Supplement
<p><b>Inpatient hospital</b></p> <ul style="list-style-type: none"> <li>• First 60 Days: <b>\$1,260.00 deductible*</b></li> <li>• Days 61 through 90: <b>\$315 per day Coinsurance*</b></li> <li>• Lifetime reserve: <b>\$630 per day Coinsurance*</b></li> </ul> <p><b>Skilled Nursing Facility</b></p> <ul style="list-style-type: none"> <li>• First 20 days: 100% payment—no co-pay</li> <li>• Days 21-100: <b>\$157.50 per day Coinsurance*</b></li> </ul> <p><b>Services Paid at 100%</b></p> <ul style="list-style-type: none"> <li>• Home health</li> <li>• Hospice</li> <li>• Benefit period ends when the patient is out of the hospital or skilled nursing facility for 60 consecutive days</li> </ul> <p>There is usually no premium associated with Medicare Part A</p> <p>Coverage shown is per benefit period. A benefit period ends when the patient is out of the hospital or skilled nursing facility for 60 consecutive days</p>	<p><b>Annual Deductible</b></p> <p><b>\$166 deductible per calendar year*</b> (January 1 through December 31)</p> <p><b>Medicare Coverage for Physician's Charges</b></p> <p>Medicare pays 80% of allowed charge; Beneficiary pays <b>20% Coinsurance*</b> (in- or out-of-hospital)</p> <p><b>Durable Medical Expenses and Supplies</b></p> <ul style="list-style-type: none"> <li>• Ambulance</li> <li>• Outpatient hospital charges</li> <li>• Blood (<b>first 3 pints</b>)</li> <li>• Lab services</li> </ul> <p><b>Preventive Services</b></p> <ul style="list-style-type: none"> <li>• Bone mass measurement</li> <li>• Cardiovascular screenings</li> <li>• Colorectal screenings</li> <li>• Diabetes screenings</li> <li>• Flu shots</li> <li>• Glaucoma tests</li> <li>• Hepatitis B shots</li> <li>• Pap tests</li> <li>• Pneumococcal shot</li> </ul>	<p>Kansas Senior Plan C pays for all costs <b>shown in green</b> to the left under Medicare Part A and Part B. In addition, Kansas Senior Plan C pays the following:</p> <ul style="list-style-type: none"> <li>• An additional 365 hospital days per lifetime</li> <li>• Foreign emergency travel medical services: \$250 deductible, then the plan pays 80% to a maximum of \$50,000 lifetime</li> <li>• If Medicare A and B do not cover the service, there is no benefit under the medical portion of Kansas Senior Plan C</li> </ul>
	<ul style="list-style-type: none"> <li>• Prostate cancer screening</li> <li>• Screening mammograms</li> <li>• Well Woman Exam</li> <li>• Well Man Exam</li> </ul> <p><b>Beneficiary must pay a monthly Medicare Part B Premium</b></p>	

\* The deductible and coinsurance amounts listed for Kansas Senior Plan C reflect **2016** rates. Be sure to review your **Medicare and You** handbook for the new 2017 amounts.

## Plan Year 2017 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

The benefits below are applicable for Network Providers. See the Summary of Benefits for Non-Network Provider benefits.	Coventry Advantra Plans Preferred Provider Organization (PPO) with Coventry Part D or Aetna Part D prescription drug	
	Freedom	Liberty
<b>Basic</b>		
<b>Provider Choice</b>	Freedom to use provider of choice, benefits based on plan description: coverage level based on provider network status	
<b>Coinsurance</b> (for all eligible expenses, unless otherwise noted)	\$0	\$0
<b>Deductible</b>	\$0	\$0
<b>Network Annual Out-of-Pocket Maximum</b>	\$1,000	\$3,500
<b>Non-Network Annual Out-of-pocket Maximum</b>	20% Coinsurance to \$4,100	35% Coinsurance to a \$7,500
<b>Lifetime Benefit Maximum</b>	No limit	No limit
<b>Network Providers Only Amounts Above Plan Allowance</b>	Provider to write off	Provider to write off
<b>Members must enroll in a Part D program offered by the SEHP with Coventry Advantra products</b>		
<b>Aetna Part D (previously First Health)</b>	Aetna Part D See page 24	Aetna Part D See page 24
<b>Coventry Part D Offerings</b>	Coventry Advantra Freedom Part D See page 30	Coventry Advantra Liberty Part D See page 30
<b>Covered Services</b>		
<b>Inpatient Hospital Services</b>	<b>Network or Non Network Providers</b> \$150 Copay per day up to 5 days	<b>Network Providers Only</b> \$250 Copay per day up to 5 days
<b>Outpatient Surgery</b>	<b>Network or Non Network Providers</b> \$150 Copay	<b>Network Providers Only</b> \$200 - \$250 Copay
<b>Skilled Nursing Facility</b>	Day 1 - 20 - \$0 per day Days 21-100 - \$160 per day	Day 1 - 20 - \$0 per day Days 21-100 - \$160 per day
<b>Physician Hospital Visits</b>	Included in the inpatient services Copay	Included in the inpatient services Copay
<b>Office Visits</b>		
Primary Care Provider	\$10	\$5
Specialist	\$25	\$30
<b>Major Diagnostic Tests*</b>	\$0 - \$150	\$0 - \$200

## Plan Year 2017 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

<i>The benefits below are applicable for Network Providers. See the Summary of Benefits for Non-Network Provider benefits.</i>	<b>Coventry Advantra Plans Preferred Provider Organization (PPO) with Coventry Part D or Aetna Part D prescription drug</b>	
	<b>Freedom</b>	<b>Liberty</b>
<b>Covered Services Continued</b>		
<b>Durable Medical Equipment</b>	20% Coinsurance	20% Coinsurance
<b>Home Health Care</b>	Services must be pre-approved	Services must be pre-approved
<b>Hospice</b> <i>limited to six months</i>	Services covered under Regular Medicare	Services covered under Regular Medicare
<b>X-Ray and Laboratory Services</b>	\$0 Copay for clinical/diagnostic lab service	\$0 Copay for clinical/diagnostic lab service
<b>Outpatient Physical Rehabilitation Services:</b> <i>(services limited to those medically necessary and appropriate: medical records must show continued improvement)</i>	\$0 Copay	\$30 Copay
<b>Mental Illness and Drug or Alcohol Treatment</b>	Same coverage as medical	Same coverage as medical
<b>Chiropractic</b>	\$20 Copay	\$20 Copay
<b>Urgent care center</b>	\$30 Copay, worldwide coverage	\$30 Copay, worldwide coverage
<b>Emergency Room Visits</b>	\$50 Copay (waived if admitted)	\$75 Copay (waived if admitted)
<b>Ambulance Services</b>	\$100 per one-way trip	\$300 per one-way trip
<b>Allergy Testing</b>	\$10 Copay for PCP; \$25 Copay for specialist	20%
<b>Antigen Administration:</b> <i>desensitization/treatment; allergy shots</i>	\$10 Copay for PCP; \$25 Copay for specialist	20%

## Plan Year 2017 Retiree/Direct Bill Health Plan Comparison Chart - Medicare Options

<i>The benefits below are applicable for Network Providers. See the Summary of Benefits for Non-Network Provider benefits.</i>	<b>Coventry Advantra Plans Preferred Provider Organization (PPO) - with Coventry Part D or Aetna Part D prescription drug</b>	
	<b>Freedom</b>	<b>Liberty</b>

### Preventive Care\*\*

<b>Age Appropriate Routine Physical Exam</b>	\$0	\$0
<b>Covered Immunizations</b>	Covered in Full	20% Coinsurance
<b>Well-Woman Care:</b> office visit, PAP smear test & STD testing	\$0 <b>Limitation:</b> one pap and pelvic exam every <b>two years</b>	\$0 <b>Limitation:</b> one pap and pelvic exam every <b>two years</b>
<b>Well-Man Care:</b> office visit & PSA blood test	\$0	\$0
<b>Routine Hearing Exam -</b> Limit one per year	\$0 Copay	\$30 Copay
<b>Hearing Aids -</b> Limit allowance once every 3 years	\$500 allowance	\$500 allowance
<b>Routine Vision Exam -</b> Limit one per year	\$0 Copay	\$0 Copay
<b>Eye Glasses or Contact s</b>	Not covered	Not covered
<b>Dental Preventive Exam -</b> Excludes Restorative	Not covered	\$200 allowance

**\*Major Diagnostic Tests** include, but are not limited to: PET scans, CT scans, nuclear cardiology studies, magnetic resonance angiography and computerized topography angiography. Most major diagnostic tests require pre-approval by the Health Plan.

**\*\* Other Preventive Care** - please refer to the Benefit Summary located on our website at [www.kdheks.gov/hcf/sehp/Vendors/CoventryMedicare.htm](http://www.kdheks.gov/hcf/sehp/Vendors/CoventryMedicare.htm)

The comparison chart is NOT the governing document. For complete information including **Non-Network Provider coverage**, members need to refer to each Provider's Benefit Description located on our website at [www.kdheks.gov/hcf/sehp/Vendors/CoventryMedicare.htm](http://www.kdheks.gov/hcf/sehp/Vendors/CoventryMedicare.htm)



## Coventry Advantra Part D Plan Benefits

Coventry Advantra PPO members must enroll in one of the Part D programs offered by the State Employee Health Plan, Coventry Part D or Aetna Part D. Members enrolled in Coventry Advantra are not eligible for enrollment in the Private Market Part D plans.

<b>Tier</b>	<b>Advantra Freedom and Liberty</b>  <b>Tier 1</b> (Preferred Generic) <b>Tier 2</b> (Generic) <b>Tier 3</b> (Preferred Brand) <b>Tier 4</b> (Non-Preferred Brand) <b>Tier 5</b> (Specialty Tier)
<b>Pharmacy Network</b>	<a href="http://www.kdheks.gov/hcf/sehp/Vendors/CoventryMedicare.htm">www.kdheks.gov/hcf/sehp/Vendors/CoventryMedicare.htm</a>
<b>Network Preferred Retail Pharmacy</b> Specialty Tier only available at 30 day supply (d/s)	
<b>30 day supply cost share</b>	<b>Tier 1</b> \$2 copay <b>Tier 2</b> \$5 copay <b>Tier 3</b> \$47 copay <b>Tier 4</b> \$100 copay <b>Tier 5</b> 33% of the total cost
<b>60 day supply cost share</b>	2 times tier amount listed above
<b>90 day supply cost share</b>	3 times tier amount listed above
<b>Non Network Standard Retail Pharmacy</b> Specialty Tier only available at 30 day supply (d/s)	
<b>30 day supply cost share</b>	<b>Tier 1</b> \$10 copay <b>Tier 2</b> \$20 copay <b>Tier 3</b> \$47 copay <b>Tier 4</b> \$100 copay <b>Tier 5</b> 33% of the total cost
<b>60 day supply cost share</b>	2 times tier amount listed above
<b>90 day supply cost share</b>	3 times tier amount listed above
<b>Network Preferred and Non Network Standard Coverage Gap Coverage</b>	
<b>After you have a total drug spend over \$3,700 coverage in the Coverage Gap</b>	Network Preferred Tier 1 \$2 copay Non Network Standard Tier 1 \$10 copay Network Generic Tier 2 \$5 copay Non Network Generic Tier 2 \$20 copay
<b>Network Preferred and Non Network Standard Catastrophic Coverage</b>	
<b>If out-of-pocket expenses exceed \$4,950 coverage for Catastrophic Coverage</b>	<b>Generics:</b> the greater of 5% Coinsurance or \$3.30 <b>Brands:</b> the greater of 5% Coinsurance or \$8.25
<b>Mail Order provided by CVS/Caremark Pharmacy.</b>	

## Aetna Part D Plan Benefits - Premier Option - Toll Free 1-844-233-1939

Prescription	Network Retail 30-Day Supply	Network Retail 60-Day Supply	Network Retail / Mail Order 90-Day Supply
<b>Tier 1 - Generic drugs</b>	25% Coinsurance up to a \$30 maximum	25% Coinsurance up to a \$30 maximum	25% Coinsurance up to a \$45 maximum
<b>Tier 2 - Preferred Generic drugs</b>	25% Coinsurance up to a \$30 maximum	25% Coinsurance up to a \$30 maximum	25% Coinsurance up to a \$45 maximum
<b>Tier 3 - Preferred Brand Name drugs</b>	25% Coinsurance up to a \$100 maximum	25% Coinsurance up to a \$100 maximum	25% Coinsurance up to a \$150 maximum
<b>Tier 4 - Non-Preferred Generic and Brand Name drugs</b>	50% Coinsurance up to a \$150 maximum	50% Coinsurance up to a \$150 maximum	50% Coinsurance up to a \$225 maximum
<b>Tier 5 - Specialty 30 day supply only</b>	25% Coinsurance No maximum	N/A	N/A
<b>If out-of-pocket expenses exceed \$4,950</b>	<b>Generics:</b> the greater of 5% Coinsurance or \$3.30 <b>Brands:</b> the greater of 5% Coinsurance or \$8.25	<b>Generics:</b> the greater of 5% Coinsurance or \$3.30 <b>Brands:</b> the greater of 5% Coinsurance or \$8.25	<b>Generics:</b> the greater of 5% Coinsurance or \$3.30 <b>Brands:</b> the greater of 5% Coinsurance or \$8.25

## Aetna Part D Plan Benefits - Value Option - Toll Free 1-844-233-1939

Prescription	Retail 30-Day Supply	Retail 60-Day Supply	Retail/Mail Order 90-Day Supply
Deductible	\$100 deductible for initial out of pocket prior to tier coverage.		
All copayments would be cost of drug or copayment listed below. Whichever is less.			
Network / Preferred Pharmacy			
Tier 1 - Generic drugs	\$8 Copayment	\$16 Copayment	\$16 Copayment
Tier 2 - Preferred Generic drugs	\$15 Copayment	\$30 Copayment	\$30 Copayment
Tier 3 - Preferred Brand Name drugs	\$40 Copayment	\$80 Copayment	\$80 Copayment
Tier 4 - Non-Preferred Generic and Brand Name drugs	\$80 Copayment	\$160 Copayment	\$160 Copayment
Tier 5 - Specialty 30 day supply only	25% Coinsurance No Maximum	N/A	N/A
Non Network / Standard Pharmacy			
Tier 1 - Generic drugs	\$19 Copayment	\$38 Copayment	N/A
Tier 2 - Preferred Generic drugs	\$20 Copayment	\$40 Copayment	N/A
Tier 3 - Preferred Brand Name drugs	\$47 Copayment	\$94 Copayment	N/A
Tier 4 - Non Preferred Generic and Brand Name drugs	\$100 Copayment	\$200 Copayment	N/A
Tier 5 - Specialty 30 day supply only	25% Coinsurance No Maximum	N/A	N/A
After you have a total drug spend over \$3,700 coverage in Coverage Gap	Generic Tier 1 Only in Gap		



## NOTES:

[illegible]

[illegible]

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